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**Asia Pacific Leadership Forum on HIV/AIDS and
Development (APLF)
Leadership Session: Act Now**

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Thank you for inviting me. In my travels and discussion as Special Representative over the last years, two facts stand out.

- First, the HIV/AIDS pandemic is spreading through Asia-Pacific societies in the same way that termites attack a house – invisible at first, catastrophic in the end.
- Second, that Asia-Pacific can control the HIV/AIDS epidemic in the same way that householders control termites—by strict vigilance, early action and determined leadership.

I am glad to see some of those leaders here. I would like to see all leaders at all levels in the Asia-Pacific region show the same commitment. I would like to see the international community and international organisations show the same sense of urgency. I would like to see a real sense of comradeship and co-operation. We can control the HIV/AIDS threat by action now. If we delay, if we fail to turn our words about co-operation into action, it could destroy our house. Make no mistake: what is happening in Africa can happen here; will happen here unless we act.

UNAIDS has released a new assessment of the HIV/AIDS situation in the region. It is not a comforting picture, even though more complete information means that some estimates have been revised downwards. The new assessment shows that HIV infection is highly concentrated in the groups most at risk, and that it is migrating into the general population with increasing speed. The new assessment also shows how the pandemic reinforces and feeds off itself. For example, in parts of China, Indonesia and Vietnam, a huge leap in HIV prevalence among drug injectors is sparking off a rise in HIV in the sex industry. From there it spreads to people whose behaviour is not risky – pregnant women for example. The infection is general in six states in India, compared with three only two years ago.

But the new assessment shows very clearly how prompt action curtails infection. In India, the state of Tamil Nadu is successfully reducing prevalence among pregnant women. Bangladesh has introduced a clean-needle programme among drug users and has kept HIV prevalence among drug users under 5 per cent. By contrast, in countries without effective harm reduction such as India, Indonesia, Myanmar, Thailand and Vietnam, it shot from zero to 50 per cent in a few years.

The experience of Bangladesh shows how bold action can hold back the infection, in this case needle exchange for intravenous drug users. Clean-needle programmes are controversial – drug use of course is illegal and no one wants to support it. But the fact is that clean needles save lives—not only the lives of drug users, but also the lives of women whose only risky behaviour is being married.

It is important to recognise that the high-risk groups – such as intravenous drug users, sex workers and their clients and men who have sex with men – do

not live in isolation from the general population. To a large extent they *are* the general population. It may be hard for Asia-Pacific societies to come to terms with unacceptable behaviour. We would much rather continue our lives as if it did not exist: but we have no alternative. The men who use drugs or the services of sex workers are the same men who go to family weddings, attend their church or temple and take their children to school. Men who sleep with men also sleep with their wives.

Leaders in the Asia-Pacific region have to recognise the choice before them: be prepared to take controversial action to protect high-risk groups; or be prepared for a general outbreak of HIV/AIDS. There is no other way.

But leaders can be assured that their action is amply justified. It will hold back the pandemic. Asia-Pacific does not have to go the way of the most seriously affected countries in Africa.

APLF works with leaders

The Asia-Pacific Leadership Forum has done an excellent job since it was set up less than two years ago—and I am not saying that just because I am on the board. APLF is not a project in the traditional sense; but provides a mechanism to support a leadership movement for change, through targeting all levels and types of political and non-political leadership.

APLF is helping leadership groups to understand that HIV/AIDS has the potential to destroy not only individual lives and health, but also the lives and health of whole communities. APLF work is driving home the message that an unchecked HIV/AIDS outbreak could damage or destroy national development prospects in the region. The Millennium Development Goals could be out of reach, not just for 2015, but also for the foreseeable future.

APLF has laid the groundwork for co-operation; has built networks among leaders at all levels and in all sectors, within countries and across the region, and most importantly has stimulated action. For example, countries have built HIV/AIDS into policy documents, set up mechanisms for increasing investment in prevention and treatment, introduced HIV/AIDS prevention messages into school curricula; and spread information and awareness about HIV/AIDS through the media. APLF has helped raise the consciousness of leadership groups: the sense of urgency is spreading.

APLF is also helping the international community and international organisations to work together and with national and local organisations. It works with leaders, including civil society and encourages the involvement of NGOs of people living with HIV/AIDS. The flow of resources into HIV/AIDS prevention, care and treatment is increasing, and going into programmes of proven effectiveness. APLF is also encouraging innovation, ways of reaching the most

isolated groups: the threat is universal but every situation is different. Every leadership group must adapt to its own set of circumstances.

You will see excellent example of APLF's work in the publication we are launching today.

The next level – APLF in the future

I believe that it is now time for APLF to go to the next level. Awareness and commitment is spreading broadly and has reached the highest levels. But I am concerned lest success is defined only in terms of awareness and commitment. Setting up advisory groups and policy consultations is an excellent start. Policy documents and strategies are necessary beginnings – but they are only the beginning. Policy papers will not hold back the pandemic by themselves.

Let me highlight some areas where I think leadership is most needed.

First, HIV prevention programmes call for a comprehensive approach. Not just the health sector but also all departments of government must be involved. Drug companies have a crucial role – but all segments of the private sector must commit themselves to the task. The hardest to reach will be small informal-sector operations – but in many countries the informal sector is a sizeable part of the economy and employ many thousands of people—especially the young people who are most at risk.

Second, leaders must find ways to discuss the highly sensitive issues of cross border migration, and the traffic in human beings. I do not under-estimate the difficulty of such discussion and negotiation; but it is hard to over-estimate their importance.

Third, leaders must address the stigma and discrimination that still surrounds HIV/AIDS and holds back programmes for prevention, care and treatment. Personal example is immensely valuable in this regard.

Fourth leaders need to put at the head of their list of priorities an adequate, secure and guaranteed supply of condoms and other reproductive health commodities when and where they are needed.

Finally, and by far the most important, is to empower women and girls to protect themselves and to involve men as partners in the effort. Most of the people in leadership positions in the Asia-Pacific region are men. Now is the time for them to step forward and show their fellow-men that partnership with women indicates not weakness but strength. By empowering women we empower men. We protect our children, and we serve our countries.

Thank you.